



ISSUE CLARIFICATION

NUMBER: 12-0601-037A

Original Date: October 15, 2002

Update Date: July 26, 2007

TOPIC: Updated Family Signature on Billing Documentation

RELEVANT SECTIONS OF THE MANUAL: Financial Administration

AUDIENCE: Service Providers
Service Coordinators
Families

ISSUE FOR CLARIFICATION: Required documentation needed to support billing activities for First Steps services and revisions to the providers' Sample Face to Face Summary Sheet.

CLARIFICATION: The Bureau of Child Development has made revisions to the Sample Face to Face Summary Sheet. (See attached form)

The change clarifies that the time recorded is the actual time the service starts and ends. Time must reflect the actual time you are working with the child/family as authorized in the Individualized Family Service Plan. Billing activity does not and never has included time spent preparing for the session, "cleaning up" after the session, nor interactions with the family or child that is not included in the delivery of an Early Intervention Service.

The completed Face to Face Summary is required in order to substantiate billing for First Steps Services. The parent must sign and date the Face to Face Sheet on the day the service is provided verifying the content and time of the session. Once completed, the family is to be provided with a copy of the form. It is advisable to have the form made into a two-page carbonless form to allow the parents to be left with a completed copy at the end of the session. However, if carbonless forms are not available, the provider is to have a copy made and sent to the family within five (5) business days.

If for some reason the parent does not sign and date the completed form at the conclusion of the First Steps Service, the provider has five (5) business days from the date of service to obtain the parent signature and date of the signature. If this is not obtained within the five (5) business day grace period, the provider may not bill for the service.

Providers are to utilize the revised documentation sheet immediately. Personalized or modified versions of this form are allowable, as long as all of the information contained in the attached form is present.

If the provider is involved in an audit or review of billing and the required information is not available or present to support the provider's payment, the provider will be required to return the payment. Further, any forms completed after the allowable five (5) business day grace period will be rejected as proof of service and the payment must be returned. Future claims payments to the provider may be withheld to cover these payments as set forth in the provider agreement. In addition, any falsification to this document or any other First Steps documentation may be grounds for disenrollment and possible criminal prosecution.

Please retain this Clarification in your Implementation/Practice Manual in the designated Section. If you have questions about this document, please contact any First Steps State Consultant.

Sample Form
First Steps Service Provider
Face to Face

Child's Name: _____ **Date:** _____

Child ID#: _____ **Service Start Time:** _____ **Service End Time:** _____

Location of Service: _____

Street address

City

IFSP Outcome to be addressed: _____

Results of Visit:

Follow-up Needed:

Family Education/involvement:

Next Scheduled Session: _____

Day

Date

Time

Location

Please note if there has been any cancelled sessions (and not rescheduled) in between this visit and your last visit.

Yes, the provider needed to cancel the session scheduled for _____.

Date

Yes, I (the parent) needed to cancel the last session scheduled for _____.

Date

My signature certifies that the activities identified above occurred at the time and location indicated and that _____ minutes/hour of direct service were provided to my child/family.

Parent Signature

Date

Telephone

Provider Signature

Date

Telephone

Note: The parent is to be provided with a copy of the completed form.